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THE

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

SATURDAY, JULY 7, 1883.

## Original.

### THREE CASES OF STONE TREATED BY BIGELOW'S METHOD,

With some Remarks on the Value of this Operation.

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In the time at my command it would be quite impossible to attempt to discuss fully the merits of rapid lithotripsy or to review the relative value of this procedure as compared with the other operations which are practiced for the removal of stone in the bladder. Within the last few months I have had occasion to employ Bigelow's method in three different cases of stone occurring in adults, and I will confine myself to a report of the chief facts connected with them, and attempt to illustrate by these cases the value of the operation. The three cases all present different phases of calculus disease, and thus afford a very good opportunity for judging of the capacity of this method in dealing with cases of stone under widely different conditions.

In each case the operation was undertaken with the intention of completely crushing and removing the stone at a single sitting, and thus avoiding the danger of leaving sharp and irregular fragments in the bladder as is done in ordinary lithotripsy, and thus, while freeing the patient at once from his trouble, diminishing the liability to consequent cystitis.

In the second case a small fragment which had been left was crushed some six weeks after the first operation; in the other two the stone was completely removed at a single sitting.

CASE I. J. W., German, machinist, age thirty-nine, presented himself at my office with a history of bladder trouble which

had continued for six years. Within a few days he had been examined and a stone discovered. The sound was introduced, and at once came in contact with a stone. The day following the presence of a calculus was again demonstrated, and the urethra was found to readily admit a thirty-two French sound. The examination was not painful and was not followed by any unpleasant symptoms. The urine was acid, 1.020 specific gravity, free from albumen, and contained only a few leucocytes and blood corpuscles. The man's general condition was very good. From these examinations it was apparent that the case presented all of the conditions favorable for the crushing operation, a capacious and tolerant urethra, no disease of bladder or kidney, and no impairment of the general health. It was decided, therefore, to attempt Bigelow's operation, and to remove the stone by the evacuator after completely crushing it, continuing the operation until the bladder was entirely free from fragments. The day following the man was anesthetized, the hips elevated by a pillow placed under the buttocks, and the knees slightly separated, and the lithotrite at once introduced without preliminary sounding. The blades were opened and closed without, however, catching the stone. This was repeated several times in different parts of the bladder with a like result. The instrument was then withdrawn, the presence of the stone verified by the searcher, and then several ounces of water injected through a rubber catheter. The lithotrite was again introduced, and the stone caught and easily crushed at the first attempt. The crushing was repeated several times, and then the evacuating-tube was introduced and a number of fragments and a quantity of fine gravel were drawn into the receiver by alternately filling and emptying the bladder with water from the evacuator. The lithotrite was again used,

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and more fragments crushed, and then washed out as before. The lithotrite was introduced in all four times. Careful sounding now failed to detect evidence of calculus, so after a final washing the man was placed in bed and hot cloths applied to abdomen and perineum. He was directed to pass his water while on his back during the day. When seen the next day, he got out of bed, and for the first time in six years passed his water in the erect position, freely, without pain. As a matter of precaution he was ordered to stay in bed for the day. The day following he was up, and in a day or two resumed his work in the shops of a railroad company. It is now six months, and he has remained entirely free from trouble. The fragments when dried weighed eighty-five grains. In this case we had present all of the conditions which are favorable for lithotripsy, a capacious and tolerant urethra, bladder and kidneys free from disease, and a moderate sized stone, which was readily crushed. As a result of the operation the man was discharged entirely cured on the third day. Lithotomy under the most favorable conditions would have confined him to bed for two weeks at least, and probably longer, while the old-fashioned lithotripsy would have required two and possibly more sittings before the stone was completely disposed of.

CASE II. H. B., aged seventy-two, American, merchant, came from Indiana to consult me for trouble with the bladder, which now had lasted for several years, and which was constantly growing worse. Micturition occurred every few minutes and was extremely painful; indeed the pain was so great that the patient had acquired the habit of using morphine freely. His general condition showed the effect of loss of sleep and constant suffering. The sound readily detected a stone. The urine was ammoniacal and loaded with mucus and pus. It was agreed that I should see him in the afternoon at his hotel, and then, after a second exploration, arrange for the operation the next morning. This second examination I was anxious to make, that I might determine the size of the urethra and its tolerance to the introduction of large sized instruments. In the evening my patient had, I found, changed his mind, and determined to return home and have the operation performed there. He had experienced no bad effects from the examination in the morning. A few days later, according to agreement, I went to Connersville, and there performed the operation. The

operation lasted an hour and twenty-three minutes. The prostate was enlarged and offered some obstruction to the introduction of the lithotrite, and the bladder was apparently somewhat sacculated and contained a large quantity of stringy mucus, which was drawn out with the evacuator and interfered with the ready evacuation of the fragments. The lithotrite was introduced twelve or fifteen times, its jaws always containing a greater or less quantity of debris on being withdrawn. At last the evacuator failed to bring out any more fragments, and the lithotrite and searcher could not discover any more left in the bladder. The search was not prolonged, as the patient's condition indicated the propriety of not continuing the operation longer, any small fragment which might possibly be left, it was thought, could better be disposed of later. He was placed in bed considerably exhausted by the prolonged operation, and was surrounded by hot bottles and covered with blankets. The fragments weighed two hundred and fifty-seven grains. I left him in a few hours and returned home. He recovered somewhat slowly from the effects of the operation, and for several days passed a good deal of blood accompanied by great pain. The severe symptoms subsided in a few days, and marked amelioration of all his symptoms and very decided improvement in his general condition followed. The cystitis, although relieved, did not entirely subside. Some six weeks later pain on micturition increased to such an extent that he came down to see me, and I readily detected the presence of a calculus, and in a few days I crushed and removed a fragment weighing twenty grains. Very marked improvement has followed this second operation, and, in a letter received a few days ago, he says that he can hold his water for several hours, and often passes it without any pain and quite clear. At other times there is a quantity of mucus and some pain. He has derived decided benefit from the use of *herniaria glabra* and the infusion of *triticum repens*. I was obliged in this case to leave my patient immediately after the operation, and to conduct the treatment by letter or telegraph. If I could have had him under my immediate care, I am confident I could have averted much of his subsequent suffering. I was anxious to have his bladder systematically washed out in order to relieve the cystitis; but to this the old gentleman objected, and being at a distance I could not insist, as I could not conduct the washing

personally. In this case all of the conditions were unfavorable, enlargement of prostate with marked cystitis and sacculation of the bladder, and probably dilated and diseased kidneys, all of them conditions which render any operation on the bladder extremely dangerous.

Later on I will discuss the question of the relative merits of the cutting and crushing operation in similar cases, and will here only say that I very much doubt whether the patient would have survived the shock of lithotomy, or, if he did survive, whether he would have had sufficient vitality to repair the wound which would have been necessarily made. On the other hand, we must not overlook the benefit to the bladder from the prolonged rest which the continuous drainage through a lithotomy-cut, keeping the viscus empty and free from decomposed urine, would have secured. The case has impressed me very strongly with the importance of having the patient under immediate supervision after the operation, and not to trust to directing the treatment at a distance.

Case III. J. H., German, age fifty-five, saloon keeper, suffered during last fall from more or less trouble in passing his water. His description of his symptoms was not very definite. Christmas night he was suddenly seized with retention and was not relieved for twenty-four hours, when the catheter was used and the bladder emptied. Since then he has been obliged to use the catheter regularly, and the bladder has not recovered the power of expelling its contents. I saw him May 1st. He carried a gum catheter with him and was obliged to use it at short intervals. The urine contained blood, mucus, and pus. The introduction of the instrument was always painful, and there was severe suffering after the urine was drawn off. A stone was readily discovered by the searcher, and rectal examination showed some hypertrophy of the prostate. May 3d, the man was put under ether, and a small calculus was seized and crushed and the fragments washed out by the evacuator. The fragments weighed fourteen grains. The bladder was several times washed out and then carefully explored without finding evidence of any stone remaining. The walls of the bladder appeared to be rough and uneven. The operation resulted in decided amelioration of the painful symptoms, and under systematic washing out and the use of the herniaria glabra the evidence of cystitis has almost entirely disappeared. The bladder has not, however, regained its

power of expelling its contents. This case was probably developed in the following manner, hypertrophy of the prostate gradually occurred and produced the first symptoms of urinary trouble from the inability of the bladder to completely void its contents, and then, as a result of exposure to cold or to some excess in drinking, retention was caused by a suddenly occurring hyperemia of the gland, and, being unrelieved, produced atony of the muscular coat of the bladder, a condition which has since persisted. The constant use of the catheter now became necessary, and owing to the irritation thus produced, or possibly to the fact that the instrument was not kept clean, cystitis followed with decomposition of urine, and consequent upon this a deposit of the phosphates, thus giving rise to the small calculus we found. This calculus, once formed, acted as a foreign body, and not only aggravated and intensified the existing cystitis but was the cause of severe pain whenever the viscus was emptied, as then the sensitive mucous membrane was brought in contact with its roughened surface. The operation has almost entirely relieved the distressing symptoms except the inability to empty the bladder in the natural way, a condition likely to be permanent.

These three cases afford an opportunity of estimating to some degree the value and range of application of Bigelow's method; a method which is based upon the proposition that prolonged use of polished instruments in the bladder is less likely to cause damage to its walls than the sharp fragments left behind in ordinary lithotripsy, and therefore the operation is continued until the stone is completely crushed and the last fragment removed by the evacuator instead of relying upon the natural power of the bladder to expel them with the urine.

The first case may stand as the type of a moderate sized calculus occurring in an adult whose general health is not impaired and who is free from all cystic and renal complications, with a large and tolerant urethra. In such cases lithotomy can not compare with Bigelow's operation. In our case the man was relieved of his stone by an operation which lasted twenty minutes, and on the third day he was up and well. The cutting operation under the most favorable conditions would have involved confinement to bed for several weeks, while the old-fashioned lithotripsy would have completed the crushing only after two or more sittings practiced at intervals of several days. The

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only conditions which contra-indicate lithotomy in the adult are, stricture so reducing the caliber of the urethra that the lithotrites and evacuating tubes can not be introduced, and extreme hardness or unusual size of the stone. For the first there is usually time for the dilatation or division of the stricture before it is necessary to remove the stone, and for the other two conditions no absolute line can be drawn, as the improvement in the instruments now enable us to deal successfully with nearly every case, no matter how hard or large. Stones weighing four ounces have been successfully removed by the Bigelow method.

In the second case, the decision between the two methods is by no means so readily arrived at. Here the case is of a man of advanced age, broken in health, with enlargement of the prostate, marked cystitis and possibly dilatation of the kidneys. In such cases lithotomy offers rapidity of execution, thus avoiding prolonged use of the anesthetic, and the opportunity of draining the bladder for some days and giving the organ complete rest, and so placing it in a condition favorable for the subsidence of the cystitis. On the other hand, we must encounter the shock of the cutting operation, and the difficulty of repairing an extensive wound in one of enfeebled health, so that many such die of simple exhaustion days after the operation. A further objection is the dread the cutting operation naturally excites.

Rapid lithotomy, on the other hand, may involve the necessity of a prolonged operation, and leaves the cystitis under conditions not favorable for treatment, and it may be somewhat intensified by the manipulation itself. When, however, the fragments are completely removed, the cystitis can generally be controlled, and even if complete rest to the organ be deemed necessary, this can be secured as suggested by Mr. Teevan, by making a small opening into the membranous portion of the urethra and introducing a soft catheter into the bladder and keeping it there—an operation much less severe than the ordinary lateral lithotomy, in which the prostate is extensively wounded. Compared with the old-fashioned lithotomy, in which the stone was completely crushed after a number of sittings practiced at varying intervals, it avoids the danger of repeated operations and the risk of increasing a cystitis already existing by the presence of sharp and irregular fragments left in the bladder. The Bigelow

method has certainly been too recently introduced to enable us to lay down definite limits for its employment in the class of cases we are considering. Thompson has, however, shown that, since its introduction, fewer cases in his hands are submitted to the cutting operation than formerly, and that his percentage of deaths has fallen from seven and a half per cent to three per cent, showing an increase in the range of application as well as safety over the older method.

Finally, in the third case, where the bladder was entirely incompetent to expel its contents, and where a stone was rapidly forming with all the dangers of confirmed cystitis which it involved, we have by this means an easy and safe procedure for the removal of the offending body. Lithotomy, without the artificial removal of the fragments, would be entirely inadequate to deal with such a case, and the cutting operation would certainly seem a severe proceeding for the removal of a stone not much larger than a bean.

The above cases do not of course exhaust all of the conditions under which stone in the bladder is met with; they represent, however, varieties which are frequently seen, and as far as they go illustrate the capacity of Bigelow's operation in dealing with both favorable and unfavorable cases.

CINCINNATI, O.

### ACUTE DISEASES AND INJURIES OF THE EYE, EAR, AND THROAT.

*Some Suggestions to the Family Physician on their Management.*

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Having had so many neglected cases of the class referred to in the title of this article come under my observation, I have thought it well to endeavor to arouse family physicians to the importance of their proper and early treatment.

Physicians are greatly to blame for the mistakes of the laity. To prove the truthfulness of this statement it is only necessary to remember how often persons are told by physicians to pay no attention to an earache, a cold in the head, or a congested eye; the

usual advice, that a child will outgrow a suppurating ear or a crossed-eye, should be things of the past.

I purpose first taking up the subject of "Earache." To the earache of childhood almost all cases of deafness can be traced. In examining an adult suffering from middle-ear deafness it is with extreme difficulty we get an accurate history. They date their deafness from a few days to a few months. Question them closely, and a great majority of these patients will give a history of earache in childhood. Just here, in the neglected earache of childhood, the incurable chronic catarrh and proliferous inflammation of the middle-ear originate. Those oft-repeated and neglected earaches of childhood are the foundation of middle-ear deafness of adult life, and of the chronic suppuration of the middle-ear, which has subjected the patient to an unhappy existence and often produces inflammation of the meninges and brain, with death. It is not the lot of a great many to see such cases, for it is just at this stage they fall into the specialist's hands. It is true many have earaches that are neglected and yet suffer no inconvenience. This is not, however, the history of all.

Could aurists see patients suffering from diseases of the ear in their earlier stages, we would have a different story to tell, and not so often have to repeat that oft-told tale, "Too late, no good can be done." To the general practitioners, then, we appeal, and ask assistance. To illustrate the infrequency with which cases of acute aural catarrh fall into our hands, Roosa states that, out of nine hundred and ninety-four cases of aural disease seen in his private practice, fifty-five belonged to the class now under consideration. This is about the average. Leaving out of consideration the many cases of deafness resulting from neglected earaches of childhood, what a surprise would be produced by a record of those cases passing on to acute suppuration, chronic suppurating meningitis, death! Boilde says, in reference to chronic suppuration of the middle-ear, "We can never tell how, when, or where it will end or what it may lead to." As mentioned before, I shall first consider acute catarrh of the middle-ear or "earache." I know of no note of warning more appropriate just here than the following: *Never poultice an eye unless the sight is hopelessly gone, or an ear until all other remedies have failed.*

The diagnosis of acute inflammation of the middle-ear is in some instances a little difficult in the young. A little pressure ap-

plied to the ear, or if the child stops crying when warmth is applied to the organ, the question is soon decided. This refers to those cases only where the necessary instruments are not on hand to make a proper examination. A competent person, with a reflector and an ear speculum, will soon recognize an injected and bulging drum membrane. In older subjects, besides these symptoms, we will be told of a feeling of fullness, a deep-seated pain, and noises in the ear. These symptoms are also accompanied by fever. Deafness results in most cases, yet in some the hearing power is painlessly increased.

The drum membrane will have many more small blood-vessels in its periphery and along the handle of the malleus than normally. The bulging is usually in the posterior and inferior quadrant, and is easily recognized. This bulging is the result of confined muco-pus. The membrane usually loses its brilliancy. Pain, which is almost always the first symptom, is in most cases extremely excruciating. It is referred to the depth of the ear, involving often the whole side of the head, following the course of the fifth and seventh nerves.

The causes of this disease are quite numerous. It often exists with scarlet fever, measles, and smallpox. Naso-pharyngeal catarrh is a frequent cause. Bathing and allowing water to remain in the ear produces it. While in New York I treated several cases, the result of waves striking the ear while surf-bathing. Have had two cases lately caused by blows on the ear with the open hand. Many cases are reported as the result of the use of the nasal douche. I reported one case some time ago, produced by snuffing salt water up the nose. As seen above, the causes are numerous. In speaking of the treatment, I think it well to divide it into preventive and curative. As to the first (preventive), avoid too warm rooms, heavy wraps, neck mufflers, hose and underwear of varied thicknesses, and sleeping in underclothes. Mothers should be taught the dangers of the horrible habit of wetting their children's hair each time it is combed. It is one of the most prolific causes of nasal catarrh and its bad results. The liability to catch cold can be greatly ameliorated by daily baths in cool water, followed by friction with rough towels or hair mittens. On getting up in the morning is the best time. The clothing should be removed and water as cool as can be borne (judge by the length of time it takes

reaction to follow) used over the body with a sponge, then friction with the rough towel or mitten till the skin is aglow. One or two other common causes of colds, I forgot to mention, is wearing slippers and thin wrappers.

The treatment of "earache" is very simple. Increased temperature and increased blood-supply should mark out your course. Blood-letting should be placed at the head of the list—leeches, if they can be had, and if not the wet cup. Two, four, or six leeches, depending upon the patient's age and condition, should be placed on or near the tragus and left there until they drop off. Then the bleeding to be encouraged for one half or an hour by means of warm water and sponge. The effect of this simple treatment is marvelous. I have seen patients who have suffered hours of excruciating pain, and had no rest for twenty-four to forty-eight hours, fall off into a sound sleep before the leeches dropped off. When the local blood-letting is impossible, hot water should be used. This should be taught the heads of all families. Take a douche or a fountain syringe filled with very warm water, and place it a couple of feet higher than the head. Put a finger-bowl under the ear, pulling the auricle up and back, insert the tube half an inch into the ear and allow a quart of warm water to flow in. Wipe the ear dry afterward with absorbent cotton, and let the patient wear a plug of cotton in the ear. This to be repeated every hour or two, according to the symptoms. When neither douche nor syringe can be had, a piece of tubing can be used as a siphon, or water may be poured in from a teaspoon and repeated often. Opium should never be given unless there be a free discharge from the ear, or unless the physician is sure there is no pus or muco-pus in the tympanic cavity. The opium, if the latter should be the case, will only conceal symptoms, and the muco-pus may break through to the brain before any one is aware of the danger, whereas, had no narcotic been given, pain, one of the most important symptoms, would have indicated the gravity of the case. The value of a narcotic *given at the proper time* can not be overestimated. It not only allays all pain, but is really curative. An earache may often be relieved by dry heat, say warming a piece of flannel or a bag of salt and putting it over the ear; also by holding the mouth close to the ear and letting the warm breath enter it. This is often efficacious, especially with babies. In this

lies the virtue of the common remedy of blowing tobacco smoke into the ear. Ear drops containing morphia and atropia are often dangerous, especially if the drum-head is perforated, as the drops may pass into the throat and produce fatal results. Up to this point then I put leeches first in the treatment of acute catarrh of the middle-ear; (2) The hot-water douche; (3) Warm, dry applications; (4) Warm air or steam; (5) If there is no fluid in the cavity of the tympanum, a narcotic. The above classification of treatment is given, supposing there is no pent up muco-pus.

If there should be fluid in the tympanic cavity, all the above treatment must be second to paracentesis of the drum-membrane; if the pent up fluid does not escape, then it may be drawn out by suction through a Seigel's otoscope, or blown out by inflation through the eustachian tube. After a free vent is given, then a narcotic will be of great service, and in opium and its salts we have the best, for, as I mentioned before, it not only allays pain but is also curative. Having now a free discharge, this should be encouraged by means of the warm douche for a week or ten days. Then an effort should be made to stop the discharge by means of cleanliness, astringents, and anti-septics, of which the best is acid boracic. An effort should now also be made to remove any obstruction to the passage of air through the eustachian tube. I forgot to mention in the beginning of the treatment that the throat complication, if there is any, should be attended to. A word or two here in reference to the Politzer bag as a remedy for recurring earache. In the beginning the trouble in the majority of cases may be aborted by inflation of the middle-ear with the Politzer bag. Families having such cases should have such a bag (the expense is small) and learn its use; it is extremely simple and equally efficacious.

It is very important to put in the hands of all parents simple and efficacious remedies for the relief of this curse of childhood, "earache," to take the place of the poultice and harmful local stimulants, oils, etc. We would urge upon general practitioners to leave off the poultice and use the leech; leave off the local application of sweet oil, Harlem oil, glycerine, laudanum, etc., and substitute hot water and dry heat. The results we obtain in our present treatment of this affection compared to that taught several years ago, and carried on yet by many of our well-known general practi-

tioners, is remarkable. Many wonder at our objections to the poultice. All can cite, no doubt, numerous cases of earache that were relieved instantly by the poultice. How are a majority of the cases relieved? By causing a free discharge. Not many can give such favorable reports of the after results. What has the poultice done? It has softened the whole drum-membrane so that when the rupture does occur almost all of the membrane is swept away. Now, this destroys three fourths of the drum, leaving a delicate mucous membrane exposed to the air carrying particles of dust and other irritating substances, in fact every thing favorable to a life-long suppuration of the middle-ear and recurring polypoid growths with all their dangers. Again, we have a chronic eczema of the auditory canal with exceedingly painful recurring furuncles. It is exceedingly rare to have the poultice bring about resolution. Compare this to the excellent results that follow leeches, hot water, and paracentesis. Some one may ask what difference there is in a perforation of a drum-membrane made by a knife and that brought about by a poultice. Just this, the one made with the knife is small and is done while the membrane has some vitality; such a perforation usually closes before we wish it to do so, and the operation has to be repeated; when the rupture occurs after poulticing, the continued application of moisture and heat has so softened the membrane and so changed its condition that when the break occurs the pus or muco-pus sweeps all before it, often leaving only a mere rim of the membrane. Such a perforation as this is often impossible to heal.

It is not my purpose here, as the title of this paper implies, to go into the treatment of suppuration of middle-ear. What I am anxious to do is to show how to avoid such a condition.

Acute inflammation of the middle-ear, the result of trauma, should be managed as that from other causes.

In acute inflammations of the throat, nose, and eye, when the result of cold, the preventive treatment should be the same as recommended in similar inflammations of the ear. I wish I could more forcibly impress upon all the importance of and the luxury in the morning of rubbing with the mittens. I have yet to find any express dissatisfaction with it. The sensation is delightful, and it is surprising the amount of exercise in it; for this reason the patient should carry out the rubbing himself.

I have noticed lately, in some of the periodicals, some one recommending as a new treatment the atropia in acute coryza. I have used it for some time in this trouble and in acute inflammations of the throat with excellent results, giving usually from one one-hundred-and-twentieth to one sixtieth grains, three times a day. I often resort with success to the well-known treatment of quinine and Dover's powder at bedtime, with hot drinks and hot foot-bath.

In acute tonsilitis and in relapsing quinsey I get excellent results from hydr'g. bin-iodide and atropia sulph. in minute doses. I have several patients subject to attacks of quinsey every spring and fall. They have granules of hydr'g. bin-iodide and atropia sulph. or extract belladonna, and at the first symptom of the old difficulty they commence taking the medicine with the result of aborting the abscess. I usually also give quinine. I think quinsey can always be aborted by observing the above directions. Coryza can be aborted also by treatment referred to, and prevented by cold sponge-bath with after-friction.

In acute catarrhal inflammations of the eye, we must be extremely careful about too early use of astringents, or else we will drive it into what is known as the phlyctenular form with its frequent relapses. I usually commence on the quinine and Dover's powder internally, preceded by a good calomel purge. Locally atropia sulphate, with frequent bathing of eyes in either cold or warm salt-water (one teaspoonful of salt to one pint of water), whichever gives the most comfort. The effect of the atropia is to allay pain and to keep the eye at rest. This to be continued for several days, or until the acute stage is over, then to commence with some mild astringent such as soda, borac., or alum in solution. If these do not answer, argent nit., to be washed off immediately with salt-water, acid, tannic, or the lapis divinis (cupri sulph., pot. nit. and camph.) may be substituted. What I mainly wish to impress upon the reader is the dangers incurred by the too early use of astringents. Of injuries of the eye the indications for treatment here are the same as elsewhere, yet how differently are they often managed. First remove all foreign bodies; if particles of stone or metal, by means of the spud, the magnet, forceps, syringe, or cotton and holder; if acid, use sweet oil or cream; if lime, a weak solution of vinegar. After this, treat it as an inflammation elsewhere. If the cornea is perforated in its periphery,

use the eserine sulphate instead of the atropia sulphate; if wound of cornea or sclera is of any extent, clear edges of wound and bring together by silver sutures, then manage as above directed. Do not use the poultice over the eye unless sight is hopelessly gone. Some eyes bear the poultice excellently, again we often have cases where the cornea will soften and break down quickly under such treatment; these cases can never be determined beforehand. After the sloughing begins it can not be checked without serious damage to the organ; so the poultice is to be avoided in this condition as before indicated with reference to the ear.

LOUISVILLE, KY.

### Miscellany.

THE ninth annual meeting of the Tri-State Medical Association will be held in Indianapolis, September 18th, 19th, and 20th. The work is already far advanced, and the title of each paper should be sent in at once. Papers must not exceed twenty-five minutes. It is also the rule that each physician who registers must be a member of a local or State society in good repute. All such are invited. Notice of papers or cases to be presented may be sent to the chairman of the Committee on Programme, Dr. J. L. Thompson, Indianapolis; to the secretary, Dr. G. W. Burton, Mitchell, Ind., or to the president, Dr. Wm. Porter, St. Louis.

THE Annual Commencement of the Kentucky School of Medicine was held at the Opera House on the evening of the 26th ultimo. The number of graduates was fifty-one. The Doctorate address was delivered by Prof. J. M. Mathews, and was well worthy of the occasion.

TALMAGE ON DOCTORS.—Encourage all physicians. You thank him when he brings you up out of an awful crisis of disease; but do you thank him for treating the incipient stages of disease so skillfully that you do not sink as far down as an awful crisis? There is much cheap and heartless wit about the physician; but get sick, and how quickly you send for him. Some say doctors are of more harm than good, and there is a book written, entitled "Every Man His Own Doctor." That author ought to write one more book and entitle it "Every Man His Own Undertaker." Do you think physicians are

hard-hearted because they see so much pain? Ah, no! The most eminent surgeon of the last generation in New York came into the clinical department of the New York Medical College when there was a severe operation to be performed upon a little child. The great surgeon said to the students gathered around him: "Gentlemen, there are surgeons here who can do this just as well as I can. You will excuse me, therefore, if I retire. I can not endure the sight of suffering as well as I once could." There are so many trials, so many interruptions, so many exhaustions in a physician's life that I rejoice he gets so many encouragements. Before him open all circles of society. He is welcomed in cot and mansion. Children shout when they see his gig coming, and old men, recognizing his step, look up and say, "Doctor, is that you?" He stands between our families and the grave, fighting back the disorders that troop up from their encampments by the cold river. No one ever hears such hearty thanks as the doctor. Under God he makes the blind see, the deaf hear, the lame walk. The path of such is strewed with the benedictions of those whom they have befriended. Perhaps there was in our house an evil hour of foreboding. We thought all hope was gone. The doctor came four times that day. The children put aside their toys. We walked on tip-toe and whispered, and at every sound said, "hush!" How loud the clock ticked, and, with all our care, the banister creaked. The doctor stayed all night and concentrated all his skill. At last the restlessness of the sufferer subsided into a sweet, calm slumber, and the doctor looked around to us and whispered, "The crisis is past." When, propped up with pillows, the sick one sat in the easy chair, and through the lattice the soft south wind tried hard to blow a rose-leaf into the faded cheek, and we are all glad, and each of the children brought a violet or a clover-top from the lawn to the lap of the convalescent, and little Bertha stood on a high-chair with the brush smoothing her mother's hair, and it was decided that the restored one might soon ride out for a mile or two, our house was bright again. And as we helped our medical adviser into the gig we saw not that the step was broken or his horse sprung in the knees. For the first time in our life we realized what doctors are worth. In some of our minds among the tenderest of our memories is that of the old family physician.

**EVOLUTION AT THE UNIVERSITIES.**—The enthusiastic reception of Professor Huxley at Cambridge, as the exponent of the doctrine of evolution, and the enthusiastic cheers with which the name of Darwin was greeted, is a notable circumstance in modern scientific and educational history. (British Medical Journal.) For the Rede Lecture, delivered on Monday in the Senate House by Professor Huxley, he chose as his subject "The Origin of the Existing Forms of Animal Life-Construction, or Evolution." There were at least one thousand one hundred persons present, and among them nearly all the University dignitaries in residence. A large number of ladies and undergraduates also attended. Professor Huxley expounded and advocated the doctrine of evolution, illustrating his argument by diagrams of the pearly nautilus and the egg in their gradual process of development. The three objections to evolution were, he said, (1) that it was impossible, (2) that it was immoral, and (3) that it was opposed to the argument of design. In answer, he argued that what was conceivable was possible, and that, further, there was proof of its being possible afforded in numberless instances every day. If it were immoral, what was true was immoral; and with regard to its being opposed to the argument of design, he quoted from the twenty-ninth chapter of Paley, in which he said he first became interested many years ago. His conviction of the truth of the doctrine of evolution was, he said, founded on the personal study of twenty years, having devoted all the time he could beg, borrow, and, he was afraid, steal from other vocations. On the proposal of the Chancellor, the Duke of Devonshire, a vote of thanks was accorded to the lecturer.

**THE VALUE OF VARIETY IN DIET.**—Variety in human diet is much more than a mere matter of taste; it is a point of high nutritive value, and one which can not be neglected if health is to be preserved. (British Medical Journal.) While authorities are pretty well agreed as to the composition and relative quantities and qualities of the proximate dietetic principles which are necessary for the sustenance of life, experience has shown by clear and numberless proofs, that it is not enough to furnish a man with alimentary substances in scientifically accurate combinations and proportions. Without variety in food, at least in civilized communities, nutrition is sure

sooner or later to fail. To maintain the nutrition of the body in full perfection, it is an absolute necessity that due variety must be introduced into the dietary scale. As Dr. Parkes long ago pointed out, different substances of the same class must alternately be employed. He wrote: "Same-ness cloys; and with variety more food is taken and a larger amount of nutriment is introduced." Carried to a certain point, uniformity in diet is good, as, for example, in the hours of feeding and in the characteristic features of the respective meals. In these points, to live by rule tends to preserve the assimilative processes in healthy vigor. But absolute uniformity in the composition of meals is bad, however excellent the dietetic substances employed. Nature furnishes us with foods of similar but not of identical compositions in endless variety. The good effects of variety in diet are to be found in its action on primary digestion. Change is grateful to the stomach as well as to the palate, and gives a gentle and natural stimulus to assimilation. Where it is difficult to give any great variety to the composition of meals, much of the good of dietetic change may be secured by giving an artificial variety to foods by a judicious use of the different modes of cooking and dressing meats and dishes suggested by culinary art. The same meat may furnish some of the charm of change according as it is roasted, stewed, or boiled; and the same flour may yield various foods, as it is made into different forms of bread, cakes, and puddings. In feeding soldiers and the inmates of hospitals, work-houses and jails, the good results of frequent dietetic changes have been incontrovertibly demonstrated. With respect to the value of variety of food, as in so many other important sanitary questions, children furnish us with delicate tests. It has been shown over and over again that a great improvement in the health of schools coincides with the maintenance of a various as well as a liberal *cuisine*. In increased attention to securing variety in the kinds of cooking of food for the young has often been found the correction of bad health in the inmates of seminaries.

**AN ITALIAN HOTEL-KEEPER'S ENGLISH.**—The proprietor of the Hotel de Bellevue at Pompeii, as a means of attracting English custom to his house, has issued an advertisement couched in the following extraordinary terms: "That hotel open since a few days is renowned for cleanliness of apart-

ments and linen, for exactness of service and for excellence of the true French cookery. Being situated at proximity with regeneration, it will be propitious to receive families whatever which shall desire to reside alternately into this town to visit the monuments newly found and to breathe thither the salubrity of the air. The establishment will avail to all the travelers visitors of that sepult city, and to the visitors (willing to draw antiquities) a great disorder and expensive contour of the Iron-whay. People will find equally thither complete assortment of strange wines, and of the kingdom, hotel and cold baths, stables and coach-houses, the whole with very moderate prices. Now all the application and endeavors of the host will tend always to correspond to the taste and desires of their customers, which will acquire without doubt to him into that town the reputation whom he is ambitious."—*The Caterer, London.*

**IVY AND DAMPNESS.**—Who does not remember the town-loving old lady who expressed her horror of a country life, "because the ivy made all the houses damp?" The old lady did but express the common idea upon the subject; but it is a very erroneous idea, nevertheless. The attachment of ivy to walls, so far from injuring them and causing dampness, is an advantage. If the walls are dry when the ivy is planted, it will keep them so. If damp, as the plant overspreads their surface, the dampness will disappear. Where dampness prevails, ivy sucks out the moisture, and its thick foliage will prevent the access of rain to the structure; and thus it is not only a remover but a preventive of dampness. The only danger attending the planting of ivy on buildings is where fissures occur in the walls, in which case the shoots and roots will enter, and, if left undisturbed, their growth will soon begin to tell upon the building, and will, by increase of growth, push against the sides of the opening, thereby enlarging it, and eventually so weaken the wall as cause it to fall. Where the wall is sound there is no such danger, for the plant does not make fissures, although quick to discover them.—*Exchange.*

**IS THE SPLEEN NECESSARY FOR LIFE?**—Prof. Schuethauer, of Pesth, reports in the *St. Petersburg Med. Wochenschrift* the post mortem upon a woman, aged seventy-one where no spleen was found and had never existed.

HER Royal Highness, Princess Christian of Schleswig-Holstein (Princess Helen of England), has taken a course of lectures in the Kensington Center Institution, and, passing the examination, she received her diploma as a "nurse." She is the same who translated into the English language the work of her brother-in-law, Professor Romach, at Kiel, which he wrote for the first instruction in accidents.—*Chicago Medical Journal and Examiner.*

THE well-known "vegetarian" Wagner, at Basle, died from cancer of the stomach. He taught total abstinence from meat, and he lived only on vegetables. He called his way of living the "long-life" way, but he was only forty-three years of age when he died.—*Ibid.*

**CHEAP WATER-FILTER.**—Very many families desire some inexpensive device for filtering rain and other waters to be used for cooking and table use. A cheap and very efficient filter may be made by using a spirit or wine cask, placing it on end, with the head removed, and having a faucet at the bottom to draw off the clear water. To fit it for a filter, take the removed top head of the cask, and with a small bit bore holes all over it, then place four clean bricks or blocks of wood on the bottom and on these rest the perforated top. Now fill upon it about four inches of charcoal chopped into small bits the size of peas, and over this place a layer of clean sand, six inches deep. Impure water poured into the cask on top of the sand will become clear and sparkling after a little while, or as soon as all fine particles are worked out of the charcoal and sand. This filter will not need renewing oftener than once in two or three months.—*Popular Science News.*

THE Central Kentucky Medical Association will convene at Harrodsburg on the 18th inst. This excellent organization continuous to elicit the activity of its membership, and the proceedings are always interesting and instructive.

**MALARIA IN FLOWER-POTS.**—Tending to corroborate the idea that malaria is caused by *any* vegetable decomposition is the case reported by Dr. Eichwald, of St. Petersburg, of a lady who lived constantly in a room filled with flowers in pots, and who thus acquired an intermittent fever with symptoms of true malaria.

## The Louisville Medical News.

Vol. XVI. SATURDAY, JULY 7, 1883. No. 1.

LUNSFORD P. YANDELL, M.D., - - - } Editors.  
L. S. McMURTRY, A.M., M.D., - - - }

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price \$3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

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### THE DOCTOR'S VACATION.

The season is now upon us when the toilers in every branch of human industry long for rest and the recreation of summer sports. The vacation system has become one of the established customs of American life with a certain class of the population, but the great mass of every community moves on in its accustomed pursuits. The wealthy, the fashionable, and the well-to-do, almost without exception, seek pleasure and fashion, rest and recreation, at the various watering-places and mountain resorts. The lawyer sees the courts adjourn and betakes himself to the quietude of some shady nook, where he can rest mind and body. The parson drops out of his round of duties, and relieves his nervous system of the strain of pastoral work. The professor enjoys the interval between terms by the ocean, the lake-side, or in the mountains; while the business man seeks relief from mental strain and effort amid the woods and on the stream.

The instances are comparatively few, however, in which the practitioner of medicine can, without detriment to his interests, secure an intermission of the usual daily rounds of professional labor. The reign of the dog-star secures no immunity to mortals from the ills that flesh is heir to. Women continue to bear children, and the almost

universal complaint of childhood adds to the long list of gastro-intestinal disorders, which at this season multiply the physician's cares with oft-repeated calls. From the very nature of the physician's calling, a vacation is more a necessity than with any of the other classes of constant hardworkers. No one knows better than the practitioner of medicine the beneficial effects of a holiday for brain-workers and all that large class of individuals who lead a routine life. That such a remedy is so often prescribed, instead of palpable medicines, is a mark of the great advance in modern medical science.

Yet, as well as he knows its advantages, it is comparatively seldom that one of the great body of family practitioners indulges himself with a vacation. There is always some important case that he must look after, and the season passes before the convenient time is found. What he would prescribe for others under similar circumstances he denies himself; thus illustrating the verity of the adage (though in a different manner from the common application), that physicians do not take their own medicines.

The question for consideration is as to whether it is after all a true economy to work on until a season of rest becomes an absolute necessity. It is well known that mental vigor and bodily health are maintained only by timely rest. In the end the true economy of time is to secure seasonable intervals of relief from work and responsibility. The vacation-cure is not only a valuable remedy, but it is equally potent as a preventive measure. While the doctor is recommending it to others, he should see to it that he receives an annual dose himself.

### A PLEA FOR THE INNOCENTS.

The summer is well upon us, and the time of hot days and close nights is at hand. The great sufferers during this season are the little ones. All the heat-producing agencies in young children are in such

activity that a pyrexia is easily induced. Local functional derangements are in consequence frequent. A feverish child is particularly susceptible to morbid impressions and to the irritation of unsuitable food. It is generally conceded that cold and heat are two great factors in disease. While instinct guides the mother in protection against one, reason seems wanting to provide against the other. It is nature which prompts the little feet to kick off the cover by night, and urges them to seek the open air by day. It is a judicious physician who directs the mother accordingly. Flannel wraps and swathing-bands should be laid aside and thin muslin adopted. The open air by day and good ventilation at night. With those wee folk brought up by hand now is the time to look to the purity and preservation of the milk with all its sweetness. The bath should never be neglected, and as the thermometer rises let the clothing be reduced to a minimum.

Preventive medicine has no more productive field than that here offered. The intestinal disorders of this period of life, which during the heated term run up the lines of infant mortality, are more readily prevented than cured. We appeal to our brethren during these midsummer days to promote by their counsels the observance of these hygienic laws in advance so that the exhibition of the traditional dose of calomel and Dover's powder may be long deferred.

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#### **OUR SIXTEENTH VOLUME.**

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With this number we enter upon our sixteenth volume. Our readers will bear in mind that with each volume they now receive over a hundred pages more of reading matter than in former volumes, and that too without any additional cost to subscribers. The improvements made in the journal at the beginning of the current year will be continued, and the editors and publishers will spare no pains to maintain and advance the standard attained. For the many assurances of approval received we are deeply

grateful, and we bespeak the continued support of the profession whose organ we aim to be. A considerable number of our subscribers are in arrears for subscriptions. A statement of this indebtedness is now being made out and forwarded to each one. To the subscriber this amount is small, whereas to us it aggregates a very considerable sum. We doubt if any investment pays a physician so well as the amount invested in a medical journal, which weekly lays before him the most recent improvements in medical science and practice. Hence we feel that this claim deserves prompt recognition. Such recognition we ask.

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#### **LAWSON TAIT ON FALLOPIAN TUBES.**

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Mr. Lawson Tait, of Birmingham, has attained such distinction in the field of abdominal surgery by means of his bold, original, and successful operations, that his peculiar views upon abdominal pathology are worthy of attention. The doctrines which he enunciates in his recent Hasting's Essay on the Pathology and Treatment of Diseases of the Ovaries are indeed novel and important. The brilliant results which he claims are attested by living and restored patients and pathological specimens, so that the most incredulous must concede his right to a hearing. Probably the most novel and original features of his pathology and practice relate to the fallopian tubes.

Inflammation of the tubes plays an important part in his pathology. Destruction of the epithelium lining the tubes he regards as a frequent cause of sterility and tubal pregnancy. He denies that conception occurs as a rule before the ovum reaches the uterus, and claims that the ciliated lining being injured the ovum is thereby detained and developed in the tube. He regards occlusion of both ends of the tubes as the most serious lesion of these organs, which is characterized by intense pain during menstruation and metrorrhagia. He thus describes the physical signs of this condition:

Distinct fluctuation can often be felt, and their peculiar sausage-like shape has frequently enabled me to diagnose correctly the condition previous to the operation.

No treatment whatever relieves these cases, save removal of the uterine appendages.

Most of my cases had been in the hands of some of our most eminent specialists before they came to me, and an infinite variety of treatments, both by drug and operation, had been used fruitlessly. They had all been treated by pessaries, and many of them had had their cervical canals dilated and cut.

The operation which he practices in these cases is that of removal of the uterine appendages by abdominal section. Entire ablation of both ovaries and both fallopian tubes is performed. Mr. Tait declares that in these cases the evidences of severe pelvic inflammation are always to be found. The reader will observe that this operation is an extension of the operation of our distinguished countryman, Dr. Robert Battey, of Georgia, and is directed toward the relief of similar symptoms. Mr. Tait thus summarizes the results of his operations:

All my patients, twenty-two in number, have recovered, and of those in which a sufficient time has elapsed since the operation I can say confidently that they are all completely cured.

So far as we are aware the operation has not been practiced by any other surgeon.

## Bibliography.

**The Microscope and its Revelations.**—By WILLIAM B. CARPENTER, C.B., M.D., F.R.S., etc. Illustrated by twenty-six plates and five hundred wood-cuts. Two volumes; sixth edition. New York: Wm. Wood & Co. 1883.

These two volumes constitute the April and May numbers of Wood's Library of Standard Medical Authors. In a former notice we called attention to the excellent selection offered the profession in the series for 1883. The profession seems fully alive to the merits of this library, which for several years past has furnished twelve choice and valuable publications for a very low price. The series for 1883 surpasses that of any previous year in practical value and in the excellence of the publisher's work.

This work of Dr. Carpenter has been so long before the profession, and has been

so universally adopted by physicians and naturalists, that a detailed notice is rendered unnecessary. It is only to be said that this, the sixth edition, lays before the reader the most complete exposition of the microscope, its construction, manipulation, and its revelations. Indeed, it has by continued revision at the author's hands been rendered complete, and the most improved methods and principles of microscopy are presented by a master of the science. Placing this excellent work in the reach of a large number of the profession can not but be most serviceable in promoting the study of this important line of investigation.

**Therapeutic Hand-book of the United States Pharmacopeia;** being a condensed Statement of the Physiological and Toxic Action, Medicinal value, Methods of Administration and Doses of the Drugs and Preparations in the Latest Editions of the U. S. Pharmacopeia. By ROBERT T. EDES, A. B., M.D., (Harvard) Fellow of the Massachusetts Medical Society, etc. 397 pages. New York: William Wood & Co.

The object and purposes of this treatise on *Materia Medica* and *Therapeutics* is so explicitly stated in the above title that the reader will at once appreciate its scope and its purposes. The *Pharmacopeia* is of necessity so comprehensive that for the individual practitioner only a limited portion is practically useful. It is the endeavor of the author of this work to make a concise hand-book of therapeutics, based upon the last edition of the *pharmacopeia*. He has wisely suggested, in connection with the various therapeutic articles, principles of treatment instead of enumerating the diseases in which each drug is used. We can not but express our admiration of the thorough and able exposition of the therapeutic uses of some of the most important articles. We will mention iodine, mercury, iron, and bromide of potassium, as instances in which he has displayed this admirable method of treating the subjects under consideration. To physicians who desire a work of ready reference containing the latest words on the articles of the *materia medica*, we commend this work.

**THE NEW ORLEANS AUXILIARY SANITARY ASSOCIATION'S REPORT ON SMALLPOX AND VACCINATION.** Prepared for the Association by Stanford E. Chaillé, M. D. New Orleans June, 1883.

## Selections.

**MALARIA IN CHILDREN.**—The symptoms of malarial poisoning in children are very masked, and, indeed malarial affections as they relate to children have received but little attention, comparatively. (Medical Age). The most positive knowledge we have on the subject is of a negative character. We know that the child does not shake in the cold stage of fever and ague. Dr. L. Emmett Holt reported, at a recent meeting of the New York County Medical Society, an analysis of one hundred and eighty-four cases of malaria in children as presenting at the Northwestern Dispensary of New York City, the analysis having especial reference to symptomatology. He found that in abrupt cases there is frequently vomiting, drowsiness, prostration, fever, severe pain in the epigastrum, etc., and on examination there will be found enlargement of the spleen and often tenderness over the hepatic region. In cases commencing less abruptly there is usually headache, generally frontal, muscular weakness, anorexia, constipation or diarrhea, pallor of the face, a dark line under the eyes, nausea with occasional vomiting; tongue heavily furred, epigastric pain, and the patient hot and chilly by spells. Periodicity is not the reliable guide that it is in adults. In nearly all the cases observed the age was under eight years. Fever was one of the most important and constant symptoms. It varied as in the adult, and ranged itself under one of three heads: first, the temperature might be quite high at the onset and remain so for twenty-four, forty-eight, or seventy-two hours, then resuming a remittent type; second, the rise might at first be slight, gradually increasing in intensity, showing less periodicity and finally becoming continuous but not exceeding  $103^{\circ}$ ; third, the fever might be distinctly intermittent or remittent from the beginning. The usual range of temperature is between  $101^{\circ}$  and  $103^{\circ}$ , very seldom reaching  $106^{\circ}$ , and never (in Dr. Holt's opinion) reaching those excessive degrees which it is the general impression that it sometimes attains. Sweating occurred in twenty-five per cent of the cases, and was more constant than the cold stage. Convulsions occurred in four cases and recurred in two, all terminating favorably. Pain in the epigastrum was present in the majority of the cases, less frequently in the splenic and hepatic regions. In

many cases vomiting occurred at the onset. In six cases there was incontinence of urine, and in six painful micturition, and in a less number retention. No single symptom can be relied on in children, the most important one, however, being enlargement of the spleen. The disease with which malaria is most apt to be confounded, in children, is typhoid fever. The temperature affords the only guide to differential diagnosis. When this is normal in the morning, after the third day, the affection is not typhoid.

In the discussion following the report, and participated in by Drs. J. Lewis Smith, John C. Peters and others, the correctness of the analysis was supported by the conformity of the results with those observed by the speakers. Dr. Smith was of the opinion that if the symptoms run on in spite of the free use of quinine they indicate typhoid rather than malaria. Dr. Peters had seen cases of remittent fever in children, and clearly traceable to sewer-gas, in which there was distinct intermittency.

**CASE OF PERSISTENT HICCOUGH — NECROPSY — REMARKS.**—under the care of Dr. Stevenson. (Lancet, June 16th.)

Timothy F. B., aged forty-four, a stonemason, was admitted on May 19, 1881, suffering from hiccough and pain in the lower part of the back and loins. The family history was good generally; but both parents died at the age of fifty-seven, the father being said to have died of "debility and wasting." About fifteen years before admission the patient had some acute urinary complaint; two years before had erysipelas of the face after being exposed to the cold and wet. During the intervals, and until three weeks before admission, he had enjoyed good health, except that he had been losing weight. About April 28th he was seized with a pain in the lumbar region of the spine. The pain gradually spread round to the loins and epigastrum, so that he had to give up work on May 11th. On the 14th he began to be troubled with hiccough; the urine became scanty and thick. After admission the patient lay in bed on his right side and hiccupped with scarcely an intermission. His complexion was pale; skin moist; temperature normal. The thorax, on examination, presented no abnormality. The pulse was eighty, firm and regular; tongue white and moist; abdomen distended and tympanitic; liver dullness normal. There was considerable tenderness over all the abdomen, but more particularly over the

iliac regions. The bowels had been confined since the 14th. Bismuth and hydrocyanic acid and soda-water and ice were given internally. Turpentine stapes were applied over the abdomen, and an enema with an ounce of castor-oil was administered.

May 20th: Hiccough much diminished, and abdominal distension still considerable. 21st: A drop of croton oil with castor-oil in the evening. Slight fits of hiccough only at intervals. Abdominal tenderness is nearly gone. 27th: Has had occasional attacks of hiccough. Still some tenderness in abdomen, and pain in the back.

June 7th: He has been pretty free from the hiccough, but the pain in the back is worse, and there is still some abdominal tenderness. The patient was, at his own request, discharged on the 9th. Before leaving he was anesthetized, and his abdomen was thoroughly explored, but without any thing abnormal being observed.

The patient was readmitted on September 12th. He had been in the interval an in-patient at another hospital, and now brought with him a medical certificate stating that he had aneurism of the abdominal aorta. He was much emaciated, his countenance had a very anxious expression, and he had considerable abdominal tenderness and pain in the back. On pressing on the epigastrium, midway between the xiphoid cartilage and umbilicus over the region of the aorta, a pulsation was distinctly felt. During the following week he became much weaker; the arms and hands were in a state of tremor, and the breath was observed to be fetid. On the 21st he was attacked during the night with hiccough, and his voice was partly gone. Hiccough was more or less continuous, even during sleep, till the 26th, when there was some amount of tympanites. Trembling of the hands was very violent, but could be controlled. On the 25th he was slightly delirious. The hiccough was continuous till the 28th. The temperature was normal, pulse regular. On the 29th, after the administration of a purgative and fifteen drops of rectified spirits of turpentine, the hiccough was relieved, though on the following day it was as bad as ever, and the patient was delirious through the night. He died next morning, on the 31st.

*Necropsy.* The body was extremely emaciated. Thorax: the pericardium was completely adherent to the heart, and could only be torn off with difficulty. The heart was extremely small; the muscular sub-

stance being soft and friable, but the orifices normal. The upper lobes of the lungs were firmly attached to the chest-walls by old pleuritic adhesions. At the apex of the right lung there was the appearance of a small pus-cavity which had been opened in tearing the lung out. The substance of the lung was fairly crepitant, but was studded all over with hard caseous nodules about the size of peas, some much larger. At the root of each lung, surrounding the bronchus, were large caseous masses, three on the right and two on the left side, about the size of almond nuts. In the abdomen nothing abnormal was observed, excepting that there was little or no fat in the walls or in the omentum. The aorta was quite normal in caliber and substance.

*Remarks.* The first remarkable point in this case is the almost complete absence of physical signs, and of symptoms that would tend to reveal the true nature of the case. The absence of the former is sufficiently explained by the condition of the lungs as they were seen at the dissection. While there was quite enough healthy lung-tissue to carry on the respiratory function, the small caseous nodules scattered all over would scarcely be recognized by any physical examination. Indeed, we can scarcely consider the condition of the lungs to have been the immediate cause of death. The emaciation came on only at a late stage of the disease, so that we may justly consider the hiccough, which was so prominent and persistent a symptom in the case as it came under observation, was intimately connected with the fatal termination; must, indeed, by its exhaustive effects on the patient have been the immediate cause of death; and we also consider that the unusual presence of the large caseous masses at the root of each lung, by implicating either the phrenic nerve in front or vagus behind, may have in some way produced this most unusual symptom of hiccough. It is also noteworthy that the only remedy (and many were tried) that had any effect at all on the hiccough was a strong purgative.

**INTRA-UTERINE VACCINATION.**—Doctor Truzzi (*Centralblatt für Gynäkologie*) vaccinated a number of pregnant women during the last three months of gestation, with a view to determine the protection, if any, afforded to the child. The results were negative, as the children were all successfully vaccinated a few days after birth.—*Obstetric Gazette.*

**HEPATIC ABSCESS.**—It would seem that abscess of the liver may be considered as somewhat more common than is ordinarily supposed, and that our attention should, therefore, be more frequently directed in this channel, when we have to do with vague, ill-defined and marked symptoms of hepatic derangement. (Medical and Surgical Reporter.) An accurate diagnosis from physical signs is by no means an easy task, but happily we have in the exploring-needle a crucial test, when we otherwise have good reason to apprehend purulent accumulation. Dr. Joseph Fayrer recently read a valuable paper on the subject of "Abscess of the Liver" before the Medical Society of London. He traces a causative relation in many cases between dysentery and hepatic abscess, the absorption of pus or septic matter from the ulcerated bowel acting as the cause, and he advocates exploration to ascertain the presence of pus, early evacuation whenever it can be got at, and early and free opening; drainage and antiseptic dressing whenever practicable.

In the discussion which followed the reading of the paper, Surgeon-General Hunter drew the following pen-picture of the disease: "The man has had malaria, or lived intemperately, or both. He gets out of condition, loses flesh, has 'hepatic' dyspepsia; then a localized swelling over the liver is noticed, and, if contracted, it will burst in one or other direction." He also advises the exploratory puncture, and recommends free opening with antiseptic drainage.

**MALARIAL PSEUDO-EPILEPSY.**—In the Medical Times, May 19, 1883, Dr. H. C. Wood relates a case of attacks of convulsions and unconsciousness somewhat resembling, though in many respects differing from, epileptic seizures. The patient had been subjected to malarial influences, and had unavailingly consumed large quantities of quinine. He was given twenty-five grains of quinine daily, tincture of the chloride of iron and arsenic with chloral at night, under which treatment he rapidly recovered.

**MISSED LABOR.**—Mr. Erskine Stewart reports two cases of missed labor in the British Medical Journal. In one the pregnancy lasted three hundred and twenty-three days, or nearly eleven months; the other, several weeks after the pregnant period. In the first the placenta was putrid, but the child

was born apparently healthy, and died soon after birth. In the second case labor was induced, when the child cried lustily, but died about fifteen minutes afterward. The skin was pale and pasty looking, and soon desquamated. The anterior fontanelle nearly closed. The child looked old.

**OBSTETRIC PROGRESS.**—In a discussion by the Obstetrical Society of Washington on the induction of premature labor, one of the speakers remarked that he had heard a professor of obstetrics tell his class that he "believed the time would come when fashionable women would have their children at any time that suited their convenience during the last four weeks of pregnancy." What will the fossils who used to maintain that there was such a thing as "meddlesome midwifery" say to this?—*Obstetric Gazette.*

**SUTURE** of the musculo-spiral nerve five months after its complete division, with ultimate restoration of its functions, is reported in the Lancet, June 16th, by Mr. T. Holmes.

#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from June 23, 1883, to June 30, 1883.

*Smart, Charles*, Major and Surgeon, assigned to duty in the office of the Surgeon-General, U. S. Army, and, in addition to his duties in the Surgeon-General's Office, will continue to serve as a member of the National Board of Health. (Par. 8, S. O. 147, A. G. O., June 27, 1883.) *Biart, Victor*, Captain and Assistant Surgeon, assigned to duty as post surgeon at Fort Sisseton, D. T. (Par. 1, S. O. 102, Dept. of Dakota, June 13, 1883.) *Winne, Charles K.*, Captain and Assistant Surgeon, assigned to duty as post surgeon at Fort Winfield Scott, California. (Par. 1, S. O. 69, Dept. of California, June 19, 1883.) *Worthington, James C.*, Captain and Assistant Surgeon, assigned to duty at Cantonment on the Uncompahgre, Colorado. (Par. 4, S. O. 128, Dept. of the Missouri, June 21, 1883.) *Everts, Edward*, First Lieutenant and Assistant Surgeon, relieved from duty at Fort Coeur d'Alène, and assigned to duty as post surgeon at Fort Lapwai, Idaho. (S. O. 81, Dept. of the Columbia, June 14, 1883.) *Strong, Norton*, First Lieutenant and Assistant Surgeon, relieved from operations of par. 2, S. O. 42, C. S., Dept. of the Platte, and assigned to duty with Battalion Infantry now on duty between Forts Thornburgh and Bridger, Wyoming. (Par. 2, S. O., Dept. of the Platte, June 21, 1883.) To be assistant surgeons with the rank of captain after five year's service, in accordance with the act of June 23, 1874: Assistant Surgeon Victor Biart, June 6, 1883; Assistant Surgeon William W. Gray, June 6, 1883; Assistant Surgeon Louis Brechemin, June 6, 1883; Assistant Surgeon Louis A. LaGarde, June 6, 1883; Assistant Surgeon Junius L. Powell, June 6, 1883; (A. G. O., June 25, 1883.)